UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C.20549

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB/	<u> APPROVAL</u>
Number:	3235-0076

OMB Number

3235-007

Expires: May 31,2005
Estimated average burden

hours per response......1

SEC USE ONLY								
Prefix	Serial							
DATE R	ECEIVED							
	1							

Name of Offering (Check if this is an amendment and name has changed, and indicate change.)	1570 /570A						
MLM Index Fund	10/10/10						
Filing under(Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE						
Type of Filing: New Filing X Amendment							
A.BASIC IDENTIFICATION DATA							
Enter the information requested about the issuer							
Name of Issuer(X Check if this is an amendment and name has changed, and indicate change.)							
MLM Index Fund	04008585						
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number(Including Area code)						
47 Hulfish Street Suite 510 Princeton NJ 08542	609-683-1523						
Address of Principal Business Operations (If different from Executive Offices)	Telephone Number(Including Area Code)						
(Number and Street, City, State, Zip Code)							
Commodity Trading	SEART						
Brief Description of Business:	BBOCF235 F						
Type of Business Organization	FEB 26 2004						
corporation limited partnership, already formed other (please specify):						
X business trust Iimited partnership, to be formed	HONSON						
MONTH YEAR							
Actual or Estimated Date of Incorporation or Organization: 1 2 9 17 X Actual	Estimated						
Jurisdiction of Incorporate of Organization: (Enter two-letter U.S. Postal Service abbreviation for state:	<u> </u>						
CN for Canada; FN for other foreign jurisdiction)	D. . E						
General Instructions							
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 17CFR 230.501 or 15 U.S.C.77d(6).	4(6),						
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offening. A notice is det the earlier of the date it is received by the SEC at the address after the date on which it is due, on the date it was mailed be	emed filed with the U.S. Securities and Exchange Commission (SEC) on by United States registered or certified mail to that address.						
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	•						
Copies Required: Five (5) copies of this notice must be filed with SEC, one of which must be manually signed. Any copy or bear typed or printed signatures.	pies not manually signed must be photocopies of the manually signed						
Information Required: A new filing must contain all information requested. Amendements need only report the name of in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix Filing Fee: There is no federal filing fee.	the issuer and offering, any changes thereto, the information requested need not be filed with the SEC. $ \label{eq:section} % \begin{center} center$						
State: This notice shall be used to indicate reliance on the Uniform Limited Exemption (ULOE) for sales of securities in those st file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state re exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in	ates that have adopted this form. Issuers relying on the ULOE must quires the payment of a fee as a precondition to the claim for the accordance with state law. The appendix to the notice constitues a						
part of this notice and must be completed.							
	•						
ATTENTION							
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Converwill not result in a loss of an available state exemption unless such exemption is predicated on the filir	sely failure to file the appropriate federal notice						
	1						

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

2. Enter the information requested for the following: i. Each promoter of the issuer, if the issuer has been organized within the past five years; ii. Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; iii. Each executive officer and director of corporate issuers and of corporate general managing partners of partnership issuers; and iv. Each general and managing partnership of partnership issuers. Check Box(es) that apply: Promoter Beneficial Owner Executive Officer Director General and /or Managing Partner Full Name(Last name first, if Individual) Mount Lucas Management Corporation (Number and Street, City, State, Zip Code) Business or Residence Address 47 Hulfish Street, Suite 510, Princeton NJ 08542 X Executive Officer Director Check Box(es) that apply: Promoter Beneficial Owner General and /or Managing Partner Full Name(Last name first, if Individual) Rudderow Timothy J (Number and Street, City, State, Zip Code) Business or Residence Address 47 Hulfish Street, Suite 510, Princeton NJ 08542 X Executive Officer Director Check Box(es) that apply: Promoter Beneficial Owner General and /or Managing Partner Full Name(Last name first, if Individual) Vanneson Frank L Business or Residence Address (Number and Street, City, State, Zip Code) 47 Hulfish Street, Suite 510, Princeton NJ 08542 Beneficial Owner X Executive Officer Director Check Box(es) that apply: | Promoter General and /or Managing Partner Full Name(Last name first, if Individual) Mehling James A Business or Residence Address (Number and Street, City, State, Zip Code) 47 Hulfish Street, Suite 510, Princeton NJ 08542

Check Box(es) that apply: Promoter	Beneficial Owner	Executive Officer Director		General and /or Managing Partner
Full Name(Last name first, if Individual)				
Alcaly Roger E			~	
Business or Residence Address	(Number ar	nd Street, City,State ,Zip Code)		
47 Hulfish Street, Suite 510, Princeton NJ 08542				
Check Box(es) that apply: Promoter	Beneficial Owner	Executive Officer Director		General and /or Managing Partner
Full Name(Last name first, if Individual)				
DeRosa Paul R				
Business or Residence Address	(Number ar	nd Street, City,State ,Zip Code)		
47 Hulfish Street, Suite 510, Princeton NJ 08542				
				
Check Box(es) that apply: Promoter	Beneficial Owner	Executive Officer Director		General and /or Managing Partner
Full Name(Last name first, if Individual)				
Ix Raymond E	•			
Business or Residence Address	(Number ar	d Street, City,State ,Zip Code)		
47 Hulfish Street, Suite 510, Princeton NJ 08542	•			
Check Box(es) that apply: Promoter	Beneficial Owner	Executive Officer Director		General and /or Managing Partner
Full Name(Last name first, if Individual)		· · ·		
Oberkofler John R				
Business or Residence Address	(Number ar	nd Street, City,State ,Zip Code)	7	
47 Hulfish Street, Suite 510, Princeton NJ 08542				

ENVIOLENCE OFFERING			Y MEN TO THE	10.00
		•	Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	,		X	
Answer also in Appendix, Column 2, if filing under ULOE.	9			
2. What is the minimum investment that will be accepted from any individual?		\$	\$ 25,000.00	
	,		Yes	No
3. Does the offering permit joint ownership of a single unit?			\mathbf{x}	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirect commission or similar remuneration for solicitation of purchases in connection with sales of securities in If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and I state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associate of such a broker or dealer, you may set forth the information for that broker or dealer only.	the offering. /or with a			
Tall Name (Landaum State State State)	·		· 	
Full Name (Last name first, if individual) Financial Network Investment C	·			
Business or Residence Address (Number and Street, City, State, Zip Code) 2780 Skypark Drive, Suite 300 Torrace, CA 90505			*	
Name of Associated Broker or Dealer Financial Network Investment Corporation				
States in Which Person Listed has Solicited or Intends to Solicit Purchasers				
(Check "All States or check individual States)		X	All States	
[AL] X [AK] X [AZ] X [AR] X [CA] X [CO] X [CT] X [DE] X [DC] X	FL] X [GA]	X [HI]	[ID]	X
[IL] X [IN] X [IA] X [KS] X [KY] X[IA] X [ME] X[IMD] X[IMA] X	[MI] X [MN]	∑[MS]		\boxtimes
[MT] X [NB] X [NN] X [NH] X [NN] X [NN] X [NN] X [NN]	[ОН] Х [ОК	X [OR]	[PA]	$\overline{\mathbb{N}}$
RIJ KAJ KAJ KAJ KAJ KAJ KAJ KAJ KAJ KAJ KA	ÍM KIMI	∑íw.	[PR]	
Full Name (Last name first, if individual) FSC Securities Corp.	<u> </u>			
Business or Residence Address (Number and Street, City, State, Zip Code)	······································			e e e
2300 Windy Ridge Parkway, #110 Atlanta, GA 30339		·		
Name of Associated Broker or Dealer FSC Securities Corp.				
States in Which Person Listed has Solicited or Intends to Solicit Purchasers		-	71	
(Check "All States or check individual States)		Ļ	All States	
[AL] $oxed{oxed}$ [AK] $oxed{oxed}$ [AZ] $oxed{oxed}$ [AR] $oxed{oxed}$ [CO] $oxed{oxed}$ [CO] $oxed{oxed}$ [DC] $oxed{oxed}$	FL] X [GA]	[HI]	[ID]	X
[IL] X [IN] X [IA] X [KS] X [KY] X [LA] X [ME] X [MD] X [MA] X	[MI]. [[MN]	[MS]	[MO]	
IMI] X INE X INV X INH X INJ X INJ X INJ X INC XIND X		[OR]	[PA]	
	IMN KIMI	M _I WY	[PR]	Ď

Full Name (Last name first, if individual) H Beck In c.						
Business or Residence Address (Number and Street, City, State, Zip Code)						
11140 Rockville Pike, Fourth F Rockville, MD 20852						
Name of Associated Broker or Dealer H. Beck Inc.						
States in Which Person Listed has Solicited or Intends to Solicit Purchasers						
(Check "All States or check individual States)						
(AL) MAN M (AZ) MARI M (CA) MCO) M (CT) M(DE) M(DC) MFL) M(GA) M(HI) M(ID) M						
IIL) X IN) X IA) X IKS) X IKY) X ILA) X IME) X IMD) X IMA) X IMI) X IMN) X IMS) X IMO) X						
IMT] \square [NE] \square [NV] \square [NH] \square [NJ] \square [NM] \square [NY] \square [NC] \square [ND] \square [OH] \square [OK] \square [OR] \square [PA] \square						
IRIJ KI ISCI KI ISDI KI ITIJ KI ITIJ KI						
Full Name (Lock name Such (Stadistics))						
Full Name (Last name first, if individual) IFG Network Securites, Inc.						
Business or Residence Address (Number and Street, City, State, Zip Code)						
1900 Monarch Tower, 3424 Peach Atlanta, GA 30326 Name of Associated Broker or Dealer ADD AVI. 1907 AVI. 1						
IFG Network Securities, Inc.						
States in Which Person Listed has Solicited or Intends to Solicit Purchasers						
(Check "All States or check individual States)						
[AL] X [AK] X [AZ] X [AR] X [CA] X [CO] X [CT] X [DE] X [DC] X FL] X [GA] X [HI] X [ID] X						
(IL) X (IN) X (IA) X (KS) X (KY) X(LA) X (ME) X(MD) X(MA) X(MI) X(MI) X(MS) X(MO) X						
IMT] X [NE] X [NV] X [NH] X [NM] X [NY] X [NC] X [ND] X [OH] X [OH] X [OR] X [OR]						
[RI] X [SC] X [SD] X [TN] X [TX] X[UT] X [VT] X[VA] X[WA X[WV X[WI] X[WY X[PR] X						
In M reel M reel M tru Man Min Min Min Min Min Min Min Min Min Mi						
Full Name (Last name first, if individual) KW Securities Corp.						
Business or Residence Address (Number and Street, City, State, Zip Code)						
1001 Bayhill Drive, Suite 170, San Bruno, CA 95066						
Name of Associated Broker or Dealer KW Securities Corp.						
States in Which Person Listed has Solicited or Intends to Solicit Purchasers						
(Check "All States or check individual States)						
[AL] [AK] [AZ] [AZ] [AR] [CA] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]						
[IL] X [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MN] [MS] [MO]						
[MT] [NE] [NV] X [NH] [NJ] [NM] [NY] [NC] [IND] [IOH] [IOH] [IOK [IOR] [IPA]						
[RI] [SC] [SD] [NI] [XI] [UI] [VI] [VI] [WA KIW [WI] [WI] [WI] [PR]						

Full Na	me (La	st nan	ne firs	t, if inc	dividua	al)]	Lock	wood	Financi	al Servic	es							_
Busines	s or R	esider	nce Ad	dress	(Num	ber an	d Stre	et, City	, State, Zip	Code)								_
				10 V	alley	Stre	am I	kwy.	Suite I	Malvern,	PA 1935	5						
Name	of Asso	ciated	Broke	er or D	ealer]	Lock	wood	Financi	al Servic	es							
States i	n Whic	h Per	son Li	sted ha	as Soli	,			Solicit Purc									
(Check	"All St	ates o	r chec	k indiv	/idual	States)			***************************************		***************************************				X	All States		
[AL]	N.	ισκι	V	[AZ]	ĮΖΊ	[Δ Ω]	ΙΖΊ	IC A1	Micoi	⊠ rcπ	Mine	Minci	[X]FL]	ľ∀ľcai	l⊠lr⊔n		N	
		-			_		<u></u>									سيد	X	
[]	N N															<u> </u>		
[MT]		[NE]	<u>—</u>	[NV]					•		•							
[RI]	丛	[SC]	<u> </u>	[SD]	<u>K</u>	[TN]		[TX]	XIOL	X [VII]	X][VA]	X [WA	X IMV	Mimil	Xim		KI	
Full Na	me (La	st nan	ne firs	t, if inc	dividua	al)]	Mor	gan K	eegan &	Compa	ny					<u></u>		_
Busines	ss or R	esider	nce Ad	dress	(Num	ber an	d Stre	et, City	, State, Zip	Code)							1	
				Mor	gan	Keeg	an T	ower,	50 Fron	t Memp	his,TN	38103			******		·	
Name	of Asso	ciated	Broke	er or D	ealer]	Mor	gan K	eegan &	Compa	ny							
States i	n Whic	h Per	son Li	sted ha	as Soli	cited c	r Inte	nds to S	Solicit Purc	hasers								
(Check	"All St	ates o	r chec	k indi	vidual	States))		······································						\triangleright	All States		
[AL]	X	[AK]	図	[AZ]	\boxtimes	[AR]	X	[CA]		X [CT]	X[DE]	[X[DC]	∑ FL]	[][[GA]	[HI]		\boxtimes	
[IL]	$\overline{\square}$	[IN]		[IA]	$\overline{\mathbb{Z}}$	[KS]	. •											
[MT]	X	[NE]	بحت										[ОН]				\overrightarrow{Q}	
[RI]	=			[SD]	=		-						∑iwv.		.—	M(PR)		
[1,2,1]	עמ	[30]	М	[00]		[114]		[1/1]	Mini	<u>M</u> (V)		Min		Mivvii	TAIL	Mind	[X]	
Full Na	me (La	ast nar	ne firs	t, if in	dividua	al)	Mul	ti Fin	ancial S	ecurities					1,	-		
Busines	ss or R	eside	nce Ad	idress	(Num	ber an	d Stre	et, City	, State, Zij	Code)						-		
						n teen	th S	treet,	Suite D	enver,CO	80202							
Name	of Asso	ciated	Brok	er or D	ealer		Mul	ti Fin	ancial S	ecu rities							,	
States i	in Whic	ch Per	son Li	sted h	as Sol	icited o	or Inte	nds to	Solicit Purc	hasers		•						
(Check	"All S	tates c	or ched	ck indi	vidual	States)		******************	***************************************			:			All States	i	
[AL]	X	[AK]	X	[AZ]	\boxtimes	[AR]	\boxtimes	[CA]		X [CT]	X[DE]	[DC]	∑ FL]	[GA]	[HI]		$ \boxtimes $	
[IL]	X	[IN]	冈	[A]	X	[KS]	X	[KY]	X[LA]	X [ME]		X [MA]	X[MI]	[MN]	X [MS]		X	
[MT]	=	[NE]									. —		_			[PA]		
[RI]		[SC]																
- Fr. c.1	<u>(7</u>	1001		[00]		. ()		U/VI	<u> </u>			مراسم	KI,			الرب بالك	<u> </u>	

Full Name (Last name first, if individual) Pacific West Securities	
Business or Residence Address (Number and Street, City, State, Zip Code)	
923 Powell Avenue S.W., Suite Renton, WA 98055	·
Name of Associated Broker or Dealer Pacific West Secutrities	
States in Which Person Listed has Solicited or Intends to Solicit Purchasers	
(Check "All States or check individual States)	
(AL) M (AZ) M (AR) M (CO) M (CT) M (DE) M (C) M (L) M (GA) M (H) M (D) M	
[IL] X [IN] X [IA] X [KS] X [KY] X [LA] X [ME] X [MD] X [MA] X [MI] X [MN] X [MS] X [MO] X	
IMI A [NE] A [NA] A [NH] A [NJ] A[NM] A [NA] A[NC] A[ND] A[OH] A[OH] A[OK] A[OH] A[OH]	•
INI DISCI DI INI DI INI DI ITI DI ITI DI ITI DI ITI DI IVA	
Full Name (Last name first, if individual) Protected Investors of America	
Business or Residence Address (Number and Street, City, State, Zip Code)	
235 Montgomery Street, Suite 1 San Francisco, CA 94104	
Name of Associated Broker or Dealer Protected Investors of America	
States in Which Person Listed has Solicited or Intends to Solicit Purchasers	
(Check "All States or check individual States)	
[AL] [AK] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] FL] [GA] [HI] [ID]	
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MI] [MS] [MS] [MO]	
[MT] [NE] [INV] [NH] [NH] [NJ] [NM] [NY] [NC] [IND] [IOH] [IOK [IOR] [IPA]	
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA [WA [WV [WI] [WY [PR]	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed has Solicited or Intends to Solicit Purchasers (Check "All States or check individual States)	
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] FL] [[GA] [[HI] [ID]	
[IL] [IN] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MN] [MS] [IMO] [
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK [OR] [PA]	
[RI] [SC] [SD] [TN] [TX] [TV] [TV] [TV] [WA [WA [WV [WI] [WI] [PR]	

Full Nar	me (Last na	me first	, if individi	ual)	UBS	Fina	ncial Ser	rvices	,						
Busines	s or Reside	ence Add	dress (Nu	mber an	d Stre	et, City	/, State, Zip	Code)			-	·		<u></u>	<u></u>
- 					ulev	ard, 3	rd Floor	r Weehay	wken,NJ	07087		<u> </u>			
Name o	f Associate	d Broke	r or Deale	r .	UBS	Fina	ncial Se	vices		•					
States in	n Which Pe	rson Lis	ted has So	olicited o	or Inter	nds to S	Solicit Purc	hasers	,		-				
(Check	"All States	or check	cindividua	l States)	• • • • • • • • • • • • • • • • • • • •	*************		·	•			Ţ.	All States	i .
[AL]	IZI (AK)	X	AZI 🛛	[AR]	X	[CA]	Xicoi	[X] [CT]	MIDE!		∏ FL]	ØÎ[GA]	☑ (Hi)	Mudi	X
[I L]		_	IAI X							[AM]	_	/		MIMOI	X
[MT]	[X] [NE]		. 12-34					_		[ND]		 /	7	[Z][PA]	X
[RI]				(TN)	/					[MA]				ا تحقی	
	77 [20]	47		-1.14		1.73	<u> </u>	<u>~</u>	الم		ΣΥ¦	٠٠٠	Δ',		·선
Full Nar	me (Last na	me first	, if individ	ual)	Wac	hovia	Securiti	es, Finai	ncial						.
Busines	s or Reside	nce Add	dress (Nu	mber an	d Stre	et, City	, State, Zip	Code)							
			900 Eas	t Byro	Str	eet, R	ich mon c	I,VA 232	19						
Name o	f Associate	d Broke	r or Deale	r .	Wac	hovia	Securite	s, Finan	cial Net	work On	e				
States in	n Which Pe	rson Lis	ted has So	olicited o	or Inter	nds to S	Solicit Purc	hasers						•	· — — —
(Check	"Ail States	or check	k individua	l States)	•••••	***************************************	******************						All States	
[AL]	TA IAKI	X	AZI 🛛	[AR1	X	[CA]	X coi	П істі	X IDEI	[DC]	√]FLI	Migai	Mihi	 X [ID]	X
[IL]														[MO]	٠
[MT]	[NE]	<u></u>		-					,					[PA]	
										7					′=
[RI]	X [sc]		[SD] X	[114]	<u> </u>	f1.v1	MIGH	₩ [VII]	ΙΧΙΙννΙ	[WA		XIIVVII			
Full Nar	me (Last na	me first	, if individ	ual)	-				·					· 	
Busines	s or Reside	ence Add	dress (Nu	mber ar	d Stre	et, City	y, State, Zi	p Code)		-					
Name -	of Associate	d Danke	D l .				·	<u> </u>	. 1.3	-					·
Name o	of Associate	а вгоке	r or Deale	·r							·	· .			
States in	n Which Pe	rson Lis	ted has So	olicited (or Inte	nds to	Solicit Pur	chasers						_	
(Check	"All States	or checi	k individua	al States)	•••••	••••••	••••••	************					All States	3
[AL]	[AK]		[AZ]	[AR]		[CA]	[[co]	[CT]	[DE]	[DC]	FL)	[GA]	[HI]	[ID]	
[IL)		$\overline{\Box}$	[IA]	[KS]	\sqcap	[KY]	[LA]	[ME		[MA]	[MI]				$\overline{\Box}$
[MT]	☐ [NE]		[NV]	[NH]	\Box	[NJ]			_			∏lok		☐[PA]	\Box
 [RI]			[SD]	[TN]		[TX]		=		=		=		☐. [PR]	
p. 713		\Box	,	, ,,,,,			٠-، اسا			·····					1_1

Full Name (Last name first, if individual) Wachovia Securities, LLC	
Business or Residence Address (Number and Street, City, State, Zip Code) 901 East Byrd Street, Richmond, VA 23219	
Name of Associated Broker or Dealer Wachovia Securites, LLC	
States in Which Person Listed has Solicited or Intends to Solicit Purchasers	
(Check "All States or check individual States)	ates
[AL] [AK] [AK] [AK] [CA] [CO] [CT] [CDE] [CDE] [FL] [CGA] [HI] [CDE]	PI 🗶
[IL] \square [IN] \square [IA] \square [KS] \square [KY] \square [LA] \square [ME] \square [MD] \square [MA] \square [MI] \square [MN] \square [MS] \square [MS]	oj 🔀
[MT] [ME] [M [NV] [MH] [M [NJ] [MM] [MY] [MY] [MC] [MD] [MD] [MD] [MD] [MD] [MD] [MD]	A) 🛮
INI WIND WIND AND INI DINI DINI DINI DINI DINI DIN	RI 🛛
Full Name (Last name first, if individual) Sanders Morris Harris	
Business or Residence Address (Number and Street, City, State, Zip Code) 600 Travis Stret, Suite 3100, Houston, TX 77002	
Name of Associated Broker or Dealer Sandres Morris Harris	
States in Which Person Listed has Solicited or Intends to Solicit Purchasers	
(Check "All States or check individual States)	ates
[AL] AN A [AZ] AR] AR] CA] [CA] A[CO] A [CT] [DE] A[DC] AFL] A[GA] [HI] A[HI]	pi 🛚
[IL] \square [IN] \square [IA] \square [KS] \square [KY] \square [LA] \square [ME] \square [MD] \square [MA] \square [MI] \square [MN] \square [MS] \square [N	10] 🛛
[MT] X [NE] X [NY] [NH] X [NH] X [NJ] X [NM] X [NY] X [NC] X [ND] X [OH] X [OK] X [P	A] 🛛
IRI D ISCI D ISDI D ITXI D ITX	R) 💹

1. Enter the aggregate offering price of securities included in this offering and the total amount already sole Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box Indicate in the columns below the amounts of the securities offered for exchange and already exchange		and				
Type of Security		Aggregate offering price	Amount Already Sold			
Debt	\$		\$_			
Equity	\$		\$_			
Common Preferred		•				
Convertible Securities(including warrants)	\$	-	\$_			
Partnership Interests	\$		\$_			
Other(Specify)	\$	\$400,000,000.00	\$_	\$318,014,444.59		
Total	\$	\$400,000,000.00	\$_	\$318,014,444.59		
Answer also in Appendix, Column 3, if filing under ULOE						
2.Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504,indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero".		Number of Investors		Aggregate Dollar Amount of Purchases		
Accredited Investors		2328	\$	\$316,082,544.49		
Non-accredited Investors		16	\$1,931,900.10			
Total(for filing under Rule 504 only)			\$			
Answer also in Appendix, Column 4, if filing under ULOE			,			
3. If this filing is for an offering under Rule 504 0r 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve(12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Type of	-	Dollar Amount		
Type of offering		securiti		Sold		
Rule 505				\$		
Regulation A				\$		
Regulation 504	•••		;	\$ \$		
Total			`	Ψ		
4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securitie in this offering. Exclude amounts relating solely to organization expenses of the issuer. The informatio may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish a estimate and check the box to the left of the estimate.	n					
Transfer Agent's Fees			×	\$0.00		
Printing and Engraving Costs			×	\$10,000.00		
Legal Fees			×	\$250,000.00		
Accounting Fees.			×	\$0.00		
Engineering Fees			×	\$0.00		
Sales Commissions (specify finders' fees separately)		···	×	\$700,000.00		
Other Expenses(Identify)		•	×	\$0.00		
Total			. X	\$960,000.00		

C. OFFERING PROS. NUMBER OF INMENIORS EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C- Question 4.a. This difference is \$399,040,000.00 the "adjusted gross proceeds to the issuer."...... 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C. Question 4 biabove Payments to Officers, Directors, & Payments to Affillates Others Salaries and fees..... \$0.00 \$0.00 Purchase of real estate..... \$0.00 Purchase, rental or leasing and installation of machinery and equipment. Construction or leasing of plant buildings and facilities....... \$0.00 \$0.00 Acquisition of other business (including the value of securities involved in this offering that may be used in exchange for the assets or securities of \$0.00 Repayment of indebtedness..... \$0,00 \$399,040,000.00 \$0.00 Other(specify): \$0.00 \$399,040,000.00 \$0.00 Column Totals.... \$ 399,040,000.00 Total Payments Listed(column totals added)...... D.FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer(Print or Type) Date Xana FEB 0 9 2004 MLM Index Fund Name of Signer(Print or Type) of Signer(Print or Type)

ATTENTION_

President of Manager

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C.1001.)

Timothy J. Rudderow

1	and the state of t	 Ar . I	£
_			
4	Is any party described in 17 CFR 230.262(c),(d), (e) or (f) presently subject to any disqualification		

1 Is any party described in 17 CFR 230.262(c),(d), (e) or (f) presently subject to any disqualification provisions of such rule?....



See Appendix, Column 5, for state response

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a
 notice on Form D(17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4 The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption(ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contemts to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer(Print or Type) MLM Index Fund	Signature	Date FEB 0 9 2004
Name(Print or Type)	Title(Pont or Type)	
Timothy J. Rudderow	Precident of Manager	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

SEC 1972 (6-02)